

TREATMENT OF DISSOCIATIVE IDENTITY DISORDER IN TURKEY: A CASE STUDY

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ABSTRACT

A 45-year-old housewife diagnosed with DID was treated for 27 months. This patient, one of the first DID cases diagnosed at Istanbul Medical Faculty Hospital, was initially treated mainly under inpatient conditions (six months total hospitalization in three successive admissions). She reached fusion in eight months. The initial presentation form of the patient raised important questions about the interrelationships of hysterical psychosis, childhood trauma, and DID.

INTRODUCTION

The emergence of the clinical work and research on dissociative identity disorder (DID) at the Istanbul Medical Faculty Hospital originated from efforts toward improving inpatient psychotherapy for severe psychiatric disorders, but not from studies about child abuse. Indeed, we detected our first DID cases among these "difficult" psychiatric inpatients. These efforts began toward the end of 1992 and increasingly affected the atmosphere in the oldest university psychiatric clinic in Turkey, creating motivation for learning and practicing psychotherapy particularly among young residents. Now, DID work is routine work for all residents of the clinic, and begins during the first year of training, with inpatient cases in particular. Although the movement toward studying and working with DID is currently affecting several teaching hospitals in the country, after an initial period of skepticism, the extension of studies on dissociation throughout the whole country is now closely connected to the development of psychotherapy in Turkey in general, and how and

in what direction it develops.

The treatment of DID requires the accumulation of clinical experience which is most possible in inpatient conditions, a safe environment for both the patient and for the neophyte therapist. This environment also ensures team work. The first author of this paper is in charge of one third of the whole inpatient facility of the Psychiatry Department. He also takes the responsibility for the training and supervision of psychiatry residents in psychodynamic psychotherapy. Several psychiatry residents who usually train in the Psychiatry Department for five years participate in the services of the Clinical Psychotherapy Unit. This academic and clinical organization embedded in a university psychiatry department played a critical role in the survival of the efforts during the difficult beginning period of dissociation work in our country, and made it possible to resist and prevent interferences and oppression/restriction in a highly competitive professional environment.

During the first five years of the study of DID in Turkey, inpatient and outpatient treatment, research, and training have been maintained in parallel and uninterruptedly. With increasing clinical experience, the psychotherapeutic skills of individual clinicians have been improved, and the range of patients treated has become diversified. The case presented here, Halimé (a pseudonym), was one of our first patients diagnosed as having DID. She was admitted into our clinic initially with the diagnosis of a hysterical psychosis, a category in use by many clinicians in Turkey, although it has never been part of an official classification system. As such, Halimé is one of the patients who led us to propose an explicit link between the categories of hysterical psychosis and dissociative identity disorder (Tutkun, Yargic, & Sar, 1996).

CASE STORY: HALIMÉ

Background of the Patient

Halimé, a 45-year-old housewife with five children, was living in a semi-urban district 40 km from downtown Istanbul. She had completed five years of education and was married to a 50-year-old farmer. She belonged to a social circle with a conservative lifestyle typical for this district of Turkey. She had given birth to 14 children, but nine of the babies had died shortly after birth.

She was the daughter of a family in Bursa involved with making textiles at home. She was one of five siblings. She had an older sister and an older brother. She had one younger sister and one younger brother. Her father was 20 years older than her mother. Her mother physically abused her children. Halimé was sent to live with her aunt's family in another town when she was six years old. The reason was that her aunt had no children and wanted to adopt Halimé. She lived with this aunt and her aunt's husband until she was twelve. She occasionally visited her parents. Her father died when she was fourteen years of age. The same year Halimé was forced to become engaged to a man whom she had never seen before, and had to marry him, against her wishes when she was sixteen.

She entered our clinic as an emergency admission in June, 1994. This admission was her first contact with psychiatry, although she had visited various internists and gynecologists because of several somatic complaints which could not be explained in terms of a medical illness. Halimé reported that she had experienced a similar episode of two weeks' duration seven years previously. Her first hysterical psychosis was treated at home by an internist. Medically, she had been treated for tuberculosis when she was twenty, and had been hospitalized for six months then.

Initial Presentation

She was brought to the emergency psychiatric unit early one day by the nephew of her husband with complaints of amnesia, headaches, talking to herself, visual and auditory hallucinations, inappropriate laughing and crying, and childish talking.

The authors first saw her two hours after the physician on call had admitted her to the inpatient department. She was sitting on her bed trying to knock her head against the wall. She said that she had a severe headache, a severe brooding feeling, and could hear male and female voices in her head which ordered her to kill herself, her husband, her older brother, her aunt's husband, and her mother. She saw her dead father and several bearded men in front of her. They said accusingly, "What have you been up to?" She claimed that her father controlled her. Sometimes she gazed at a point and talked to herself. She did not answer questions when in that state.

Suddenly she became very joyful and said, "Hello, I am Halimé. Who are you? Where am I?" She had become amnesic as to the time and place and why she had come there. She could not remember what we had spoken about prior to that moment. After talking for a few minutes she began to cry, held her head in her hands and shook it. At that time she did not answer our questions. She said she was afraid, and that there were insects on her. She was struggling as if trying to get rid of the insects. When asked about this, she answered in a childish manner that she was nine years old, was living in Bursa (not in Istanbul), and that the insects had

crawled on her when she was trying to hide herself from her mother.

Then she calmed down, was amnesic to this flashback (and/or switch) and asked us in a mocking manner who we were. She was amnesic for the whole interview prior to then. She said she had enjoyed herself the previous night. She said that she had not gone home and stayed at a hotel. She did not know why she was there.

Ten minutes later, sitting on her bed, she began to cry and shake again. She was screaming, "Leave me. It hurts very much. Mom, save me!" When she was asked what the matter was, she answered that she was six years old, that she was in her aunt's house and that her aunt's husband was doing bad things to her. Meanwhile she was tearing at her clothes with one hand and trying to cover her body with her other hand.

During this interview, we observed distinct patterns of feelings, behavior, and speech; she introduced herself as different ages and identities. She had visual hallucinations (brother, her aunt's husband, father, men with beards, and insects) and auditory hallucinations (voices telling her to kill herself, kill her brother, her aunt's husband, mother, and husband; and saying "you committed a sin") and she was talking to the hallucinated voices. She said that the image of her father was following her everywhere, that he interfered with everything. Sometimes she stared into space, did not speak, and did not answer the questions we asked. Sometimes she had periods of ten to fifteen minutes' duration in which she forgot her name, where she lived, and the current time and place. When she realized what was happening to her she began to worry.

These acute symptoms of visual and commanding auditory hallucinations, the rapid affective and behavioral changes, her belief that she was controlled by her father, her trance states, and flashbacks lasted for six days, waxing and waning. When they resolved completely she had only partial recollection of these six days.

What had precipitated the crisis situation in Halimé? She told us that one-and-a-half years before her initial admission her mother had died in Bursa (a city 200 km from Istanbul). For the funeral, she went to Bursa, where she had not been for a long time. There she encountered her abusive brother, whom she had not seen for many years. She began to remember long-forgotten childhood experiences. Afterwards she remembered being abused by her aunt's husband when she was six years old. She went to Bursa again six months prior to admission, for a memorial ceremony one year after her mother's death. Her memories became even more intense during that visit. Her symptoms had started suddenly when she found herself with a young man (the nephew of her husband) in a hotel room, partially amnesic for the previous evening. She had been having a good time with him in a tavern until midnight. Because she could not go back home, they spent the night in a hotel. When she

woke up in the morning she could not remember how she had spent the night. At first, she complained of headache and dizziness. On the way to the hospital, the remaining symptoms had appeared.

Further Evaluation

During subsequent interviews different identities and personality fragments took full control spontaneously, and they had various combinations of amnesia and knowledge about one another. These identities also had carried out many aspects of the patient's life for which Halimé was amnesic (e.g., extramarital relations, travelling to several places). Sixteen personality states and fragments were identified in the first ten interviews. The number increased to 21 in the course of further treatment.

Beginning with the first interview, the therapist followed the sudden changes in behavior, speech, thought, and affectivity. He came to recognize which personality each characteristic pattern of appearance and behavior "belonged to." Every time these changes occurred, the therapist inquired whether the patient was having dissociative experiences such as depersonalization, passive influence, or amnesia at that moment. If the answer was yes, she was requested to describe it in detail. Her perception of herself and her environment, and whether her identity had changed was recorded. If a change in identity had occurred and there was an alter personality, new to the therapist, a new anamnesis was gathered. Indeed, the therapist sought to establish when and how each particular alter was formed, and to learn her specific role in the alter system. The alters met with this method have been listed below.

Alter Personalities and Fragments Found Initially

Halimé One ("Sad Halimé"): The host was a depressive person who suffered flashbacks of sexual abuse by one aunt's husband when she was six years old (including vaginal penetration), by her older brother (nine years her senior) from ages nine to twelve years (including anal penetration), being given at age six to another childless aunt, and various other emotional and physical abuses. She was amnesic to the activities of the other personalities. She appeared depressed and preferred to stay at home. She attributed all her complaints to the sexual abuse by her first aunt's husband; that she was sent to stay with her second aunt's family in another town between six and twelve years of age; and to the fact that she had to submit to sexual abuse by her brother (who usually exploited her when Halimé visited her mother's home); that her mother battered her frequently and often forced her to leave home, forced her to do heavy housework, and insulted her; that she was engaged to a man (her current husband) she did not want to marry when she was fourteen, and married to him when she was sixteen. The first aunt, whose husband abused Halimé, lived in the neigh-

borhood of Halimé's parents' house.

She remembered these events vividly as she was reliving them. She heard voices commanding her to kill her brother, her first aunt's husband, mother, and herself. These voices were commenting about her behavior. Sometimes she saw the images of her father and bearded men she did not know.

Halimé Two ("Happy Halimé"): Happy Halimé liked traveling, dressing up, went out for entertainment at night, and did not worry about the childhood traumas. She had had two extramarital relations about which the host was not aware. Joyful, she got on well with everybody. She did not worry about the difficulties of life and her past. She liked to have fun, to drink, go out, dress well. She went out secretly with her friends and used alcohol. She was aware of all the other 45-year-old alter personalities (Halimés). Happy Halimé had given all these Halimés names according to their prominent personality styles.

Halimé Three ("Happy-Go-Lucky Halimé"): She spoke in slang and called people by perjorative names. She said that she had a difficult marriage, that her husband did not understand her and that nothing would ever change. She experienced a gap in memory when other personalities took control during the interviews. She did not know about the other personalities.

Halimé Four ("Normal Halimé"): She also called herself "Normal Halimé." She was aware of most of the 15 personalities. She said that she was neither Sad Halimé, nor Happy Halimé, nor the mocking happy-go-lucky one. She said "I am the real normal Halimé, the others are the sick parts of me." She said that she sometimes was able to observe what occurred when the other personalities took control.

Halimé Five ("Angry, Nervous, Serious Halimé"): This personality was aware of some of the other personalities. She wanted to get a gun and kill her brother, brother-in-law, husband, and mother. She believed that she would be able to forget the pain of the past if she did this. She wanted to kill Sad Halimé in order to save her from the pain of this life, and Happy Halimé because of her problematic behavior and extramarital relationships. She believed that Sad Halimé and Happy Halimé were not part of her, and she thought that she would survive when they died. Angry Halimé was a fragment.

Halimé Six ("Suicidal Halimé"): She could not bear her childhood memories and current life, cried often, and had attempted to commit suicide several times in the past. She had amnesia for all other parts of an interview when she took control. She only remembered that what she herself had told us previously.

Child Alters: There were seven child alters. Six of them were formed during sexual abuse. There were two fragments, each six years old. One of them repeatedly relived the beginning of the sexual abuse by her aunt's husband (the man coming into the house; her being taken to the bed and undressed forcefully, crying, pleading, resisting; having her head covered by a pillow). The second fragment relived the period after the completion of the rape (suddenly coming to herself in the bed; her aunt's husband threatening her with death if she revealed the assault; pain in the genital area; dressing; going to the toilet).

Two nine-year-old fragments similar to the above re-lived being raped by the brother.

Another nine-year-old fragment relived the period when she was hiding in a closet to avoid her mother. This fragment described the insects in the closet, which had climbed all over her. According to her husband and her daughter, this fragment took control at home repeatedly during the night. During these periods the patient walked back and forth in the room, did not recognize the members of her own family, tried to remove the insects on her clothes, and cried.

A 12-year-old fragment re-experienced the rape by her brother.

Another child personality said that she had come to Istanbul from the city where she was living at thirteen years of age in order to get engaged. She did not know the personalities older than herself. Her orientation to time and place was in accordance with her age.

Snow White and The Queen: Two identities had been formed from childhood imaginary playmates: "Pamuk Prenses" (Snow White) and "Kraliçe" (The Queen). They both enjoyed parties at nights where the Queen looked after, protected, and controlled the young "Pamuk Prenses" and enviously competed with her at the same time. Snow White danced and sang.

When Snow White took control she saw her husband and children as "the relatives of that poor woman in the neighborhood (Sad Halimé)." The Queen said that the former was her daughter, and she punished her because she did not obey her. She said that she was a friend and confidant of Happy Halimé. These identities had been formed at about the age of twelve; they knew the other personalities, but they saw themselves as distinct from all the others.

Alters of Different Ages: There were four alters characterized mainly by their different ages. A 16-year-old alter was living as if it were the time just after the marriage. This alter had flashbacks of having sexual intercourse with her husband. An 18-year-old alter said that she had two children and wanted to die. She did not know of any other alter.

A 20-year-old personality said that she was in hospital for the treatment of tuberculosis. She liked the hospital and the people there, and had had three children. She did not know

any personality other than herself.

A 23-year-old alter was not satisfied with her marriage. She was formed when Halimé became involved with extramarital relationships. This alter personality took usually control when she came to downtown Istanbul. She then would change her conservative dressing style (e.g., took off her headkerchief, put on tights, and adopted a hair style more like a sophisticated urban lady rather than that of a peasant woman). During the phases of outpatient treatment, it was apparent because of this dressing style that this alter was actively participating in daily life. This personality maintained two separate extramarital relationships (one for 15 years and one for five years) and several "friendships" in downtown Istanbul.

TREATMENT OF HALIMÉ

The Context of Treatment

Because of several considerations, the beginning of Halimé's psychotherapy was conducted for the most part in a hospital setting. First, she found it difficult to come to ambulatory treatment because of the distance between her home and the hospital, and because of the restrictions imposed by her husband. Second, she repeatedly developed crises in the form of hysterical psychosis episodes and was admitted to the clinic under emergency conditions which required prompt hospitalization. Third, since she was one of our first DID patients we considered it preferable to work under inpatient conditions as we could not otherwise manage to hold the patient in ambulatory treatment. Fourth, inpatient treatment provided better opportunity for team work; i.e., several residents could take part in the treatment at different periods, as physicians on call in particular, which is very important during hospital treatment.

The first author remained the stable person who was in charge as inpatient director, supervisor of the team, and also personally intervened during crisis situations. The second author remained the primary therapist of the patient and managed the outpatient therapy. Halimé would come to town and stay one night with her sister so that she could come to treatment on two consecutive days. He continued to treat the patient concomitantly with the inpatient team during hospitalization periods. He saw her two or three times every week for one-and-a-half hour interviews on the inpatient unit. Such an arrangement was the only possible solution for providing effective and intensive treatment for an almost permanently unstable patient in a university clinic that was in the process of learning how to treat DID.

Drugs were used to address target symptoms. Trazodone, alprazolam, and a fluoxetine at various doses were used at different times. No neuroleptics were used. Halimé attempted suicide twice using drug overdoses when she was in hospital, arranging to have drugs brought from outside the unit and hiding them until she was ready to ingest.

Initial Stabilization

The patient was in chaos. The aim during this stage was to stabilize her, establishing contracts with several alters so that ambulatory treatment could be possible. Suicidal ideation and attempts, self-mutilative behavior, somatic complaints, and conversion symptoms were controlled.

We tried to help the patient accept the diagnosis. We helped the alters listen to one another during interviews. She became aware of the amnesias between alters. The Schneiderian symptoms such as hearing the commenting and commanding voices of other alters, being passively influenced, depersonalization, and identity alterations experienced in daily life (such as feeling and seeing herself at different ages and gender), and the relationship of these experiences to the information about the periods for which she was amnesic were explained to the patient.

She sometimes saw her body as if it were a child's. The information gathered from child alters (childhood abuse, the information which the child alters have about the personality system) was transmitted to the host personality who was amnesic to the behavior when the child alters were in charge. She could realize that an alter personality existed and was responsible for some of the behavior for which she was amnesic.

Beginning with the first interview we managed to get all the alters to watch and listen to each other. That helped to establish communication between them.

Work On Trauma

The parts which contained traumatic memories were the two six-year-old fragments (reliving the abuse by her aunt's husband), two nine-year-old fragments (reliving abuse by her brother) and a nine-year-old fragment (reliving the incident of the closet with insects while hiding from her mother,) and a 12-year-old fragment (reliving another period of abuse by her brother). These were, at the beginning, child alters who were experiencing flashbacks, and were disoriented as to time and place, being fixated on the time of the traumatic experience. These alters were calmed by providing orientation to time and place. They were told that the events were in the past and there was no more danger. At appropriate times, the abreaction of the traumatic events suffered by each alter was achieved by using hypnotherapeutic techniques. The adult personalities were made to listen to the revelations of the child alters; e.g., adult alters were referred back to the time when the traumatic experience occurred, using age regression, and the incidents were described by the affected alter. For that purpose the patient created an image of a screen in her mind and the alter described all the events as if she were watching them on the screen, and other alters envisioned the events on a screen as well.

On several occasions during that period, Halimé ran along the corridor in the hospital, trying to take her clothes off. Halimé was actually trying to undress herself with one

hand while trying to prevent this with the other. With time, we realized that there were two alter personalities fighting each other. One was a child alter, and the other was Metin, an abuser. She was crying and speaking like a young girl. She was begging to be saved from her brother.

A few minutes later she spoke like a man with a thick voice, and swore at those around her. At that time, an alter personality emerged that said that he was Halimé's brother. The alter introduced himself with the name of "Metin." He threatened to kill any alters who disclosed traumatic events concerning him. He believed that he would be ridiculed if still more were revealed. Other alters had been aware of Metin before as a voice inside their heads. Metin said that he first raped Halimé when she was nine years old, and had continued to do so for a long time. He had beaten her so she would not reveal these events to anyone. He had threatened her in many ways. Afraid, Halimé had not told anyone about these assaults. Metin opposed her revealing these events in treatment. This male alter also threatened the therapist, and demanded that the story of his activities not be told to the patient's husband and children, or to the other physicians in the hospital. He insisted that the therapist stop the treatment.

After a certain time we were able to establish a relationship with Metin and explain to him the situation Halimé was in. We told him about Halimé's illness, his situation as an alter, and the nature and meaning of the therapeutic process. Metin, who had been very energetic and angry, began to say: "I can not speak anymore. You have exhausted my energy. My power diminishes." He spoke less and less.

In time Metin transformed from a swearing aggressive personality into one who tried to protect and save Halimé. He came to watch the other alters in order to adapt to the alter system. He wanted to have a place among them at the end. He asked how he could be forgiven for all the harm he had caused. Then he changed into a powerful helper.

Another abuser alter, the "aunt's husband," appeared following Metin. It was not difficult for the "aunt's husband" alter to follow the same behavioral transformation as Metin had undergone. Usually, simple contracts were repeatedly used in controlling these male alters. For example, Metin promised not to undress Halimé. However, he did not keep his promise during the first days of the contract. He said, "I am a bad person, I make promises but do not keep them." We discussed "badness" with him and were able to overcome this difficulty.

All other alters gradually shared their information about traumatic events, and their support was gained.

Fusion and Integration

While the treatment was progressing, periods of co-consciousness and co-presentness among all alter personalities increased. It came to the point when all alters together could make decisions as to which alter should take control

of the body at a given moment in time. Some of the alters told the therapist that they no longer had a reason for staying separate or taking full control of the body. They said that they would not speak anymore. They wanted to fuse at a convenient time.

We realized that there were no other personalities except these alters who were already aware of each other. We discussed the remaining stages of the treatment. We listened attentively to the opinions of all the individual alters. Their consent for a fusion was obtained.

A depressive mood affecting all the personalities developed as the amnesic barriers disappeared. All parts were deeply affected upon learning the whole life story. The final integration occurred in stages after a dream about fusion. Halimé dreamed of a black eagle. A white eagle fought with this black eagle and won. Halimé was deeply affected by this dream when she woke in the morning. She remained in a trance state for three to four hours. During that trance state episode she relived her whole life beginning from her childhood. She described it as taking 45 minutes, and appearing like a movie in fast motion. She had been able to listen even to the sound of the wind in the grass. Afterwards she said she felt that the time of fusion had come; she believed that her dream was a cue for that. We asked the patient how she thought fusion should proceed. All the alters met together and discussed how to process it.

This "meeting" occurred during an interview. Halimé closed her eyelids and reported her inner experience. First, the child alters wanted to join Normal Halimé, and did so. They transformed into a ball of light. The other alters no longer experienced them as alter personalities. During the same interview the 23-year-old alter and the 16-year-old alter formed part of this. Sad Halimé was transformed into Lady-like Halimé during this period of treatment. This new personality fused with Happy Halimé. Angry/Serious Halimé wanted to stay separate. Suicidal Halimé joined the ball of light. The combination of the Happy Halimé and the Lady-like did so too. The remaining Angry/Serious Halimé fused with the ball following a severe headache brought about by her first resisting the fusion.

Two male alters disappeared after apologizing; they said that there was no need for them anymore. Snow White and the Queen said that they were entities who did not exist in real life; they found it difficult to fuse. They decided to give their characteristics to Halimé, and disappeared. Halimé, her eyes still closed, waved goodbye to them.

The therapist did not intervene during this process. Halimé opened her eyes and said: "This is my victory." The day after, Halimé spoke about the changes in her perceptions. She could no longer hear the sound of the grass. She said that she had been experiencing happy times as vividly as sad ones. Now, both the traumatic memories and her happy memories felt relatively subdued. She was disappointed at not being able to experience Snow White and The Queen

any longer.

The patient was discharged from the hospital two weeks after integration without any problem. In an interview during ambulatory treatment an interesting event occurred. She had gone to Inegöl (a district of Bursa where she had lived as a child) a few days before the interview. During this interview she was amnesic to all the previous treatment and to her childhood traumatic experiences. When the therapist reminded her about the treatment and her hospital stay, and oriented her, she began to remember everything again as if an accelerated movie. This occurred over the period of half an hour as a series of flashbacks, which she saw inwardly while she kept her eyes closed.

Postfusion Treatment

During the post-fusion period the main issues in the treatment were her feelings about the abusers, her wish to confront her brother about his abusive behavior, her thoughts of disclosing the abusive incidents to her siblings and to all her family, her general anger towards the whole world and people, her sexual difficulties with her husband, and her wish to meet and know people with life stories similar to her own.

The first happiness of the patient after the final fusion gave way to a mourning reaction. The therapist also recognized that he was now in a very difficult stage of treatment. During that time, the patient became very friendly with a woman whom we had diagnosed with PTSD. Halimé met her in the hospital. This woman was being treated with the diagnosis of depressive disorder. Her husband and child had been killed in a traffic accident many years ago. She was the same age as Halimé. Halimé said that it was the first time in her life that she had had such a close friend.

Halimé complained of aches and pains in her genital areas, stomach, and back. Such symptoms were prominent. We had known the origin of these pains since the pre-fusion period (rapes and her mother's whipping her). We spoke about them. We used fluoxetine, 40 mg. per day, and alprazolam, 3 mg. per day, to relieve her distress.

Two months after the final fusion, while she had problems with her husband, she developed an alter who cried and claimed that her whole life was a tragedy, and who wanted to die. This alter did not have the characteristics of a full personality, and was similar to the 45-year-old Suicidal Halimé. However this alter was active only during interviews and did not show any suicidal acts during daily life. She spontaneously appeared during interviews, spoke a while and disappeared after a few minutes. We decided that this was not a relapse to full DID, but rather a condition within the limits of a DDNOS. This alter also fused within one month.

Halimé's most important marital problem concerned her sexual life. She was very young when she was engaged and married against her will. She saw the first years of her marriage as the continuation of her experiences of childhood

abuse. During the last year and a half, her relationship with her husband was very bad. The recovered memories of abuse had caused her to be conflicted about sex; she complained about her husband's sexual demands. After fusion sexuality did not disturb her any more and the flashbacks did not occur. However she still did not enjoy being with her husband.

After fusion, Halimé even thought of leaving her husband and her family. Her family members did not know anything about the abuse story and found it difficult to understand the whole treatment process, which took a long time. In particular, Halimé was afraid that her husband would not believe the abuse she had suffered nor would other members of her family, since she had not spoken about them till she was 45 years old.

In the post-fusion period Halimé participated in an initiative by DID patients who had met one another in our clinic. They met in a cafe in the city every week, planned to establish a society in order to make DID known to the community as a disorder, to help one another and other patients suffering from DID. This project continued for almost one year and produced many difficulties for both patients and therapists. Some of them, including Halimé, participated in a television program and disclosed their childhood histories. Although attempts were made to keep their identities secret, many people in her circle identified Halimé and learned of her story. Gradually this adventurous movement made a transition to more benign and loose relationships among the patients, because of the difficulties that occurred between the patients, and by virtue of the active intervention of their therapists. Fortunately, Halimé's daily life and marital conditions were not badly affected by these events.

Halimé's treatment lasted 27 months, including the pre- and post-fusion periods. We had only telephone contact and indirect contact with her afterwards. We had our last phone contact in December, 1997, when we were preparing this paper. She no longer had pseudopsychotic episodes and amnesic periods, nor any cues of alter activity, and she had not had any post-traumatic symptoms, nor did she require a new psychiatric admission. She said that she wanted to participate in social work in order to help people with personal histories similar to hers. She was worried about her two daughters, aged 16 and 13, and had apprehensions about their personal safety.

DISCUSSION

This 45-year-old patient decompensated after a visit to her parents' home. This visit to the scene of some of her childhood abuses elicited long-forgotten memories of childhood mistreatments.

Halimé reached final fusion in eight months and the whole period of psychotherapy lasted 27 months. In the light of our subsequent experiences, we believe that the duration

of this treatment was relatively short for a patient with 21 alters. Halimé is one of the oldest of our DID patients. The mean age of our first 60 patients was only 22.5 years; 28.3 % of them were 18 or younger (Sar et al., 1997). We believe that there were several reasons why this treatment was concluded so rapidly. The traumatic environment which had caused the disorder did not exist anymore: Her abusive mother and her aunt's husband were dead. She had not seen her brother for almost 20 years. She was living far from the place where she had lived while she was abused. In contrast to that, most of our DID patients are still in their twenties and are confronted with ongoing abuse or the destructive interference of family members, which makes treatment more difficult. We believe that Halimé had encapsulated the traumatic experiences and had kept them out of awareness until her children were grown up. She had enough strength to keep most of her psychopathology contained for most of her life.

Because of these reasons we could carry out the metabolization of trauma relatively easily. Even her extramarital relationships were ended. There was no need for negotiation between alters because of this situation. Overall, there were no big conflicts between alters. The most influential factor perpetuating the separateness was the need to keep the trauma history hidden. Several alters had different knowledge about the past. The persecutory alters who tried to prevent the disclosure of abusive experiences to the family did create some difficulties for the therapist, but these were managed.

Such a rapid treatment far from one's home atmosphere leads to changes unexpected by the patient's family members. Halimé's children knew their mother as a energetic, lovely, and overprotecting mother, but at the same time, as a person who intermittently showed unexpected behavior. She never spoke about her traumatic past to her family. She said: "I was a person who seemed happy during the day but cried at night." Her husband knew of her problems indirectly through the difficulties in their sexual life. After the treatment, the family members, especially the children still living at home (three daughters), were more aware of her other facets as a person.

In the case under discussion the initial part of the treatment was conducted in an inpatient setting. The reasons for hospital management was rapid switching, recurrent episodes of "hysterical psychosis" (Tutkun, Yargic, & Sar, 1996), decompensation following discharge from the hospital after briefer stays, the existence of alters who were unstable when faced with recovering traumatic memories, the frequent presence of child alters, the inability of the patient to come to downtown Istanbul for frequent ambulatory interviews because of geographic distance, and the lack of support of her family for treatment. Because Halimé did not want to disclose her painful past to her family, her relatives were not able to understand her psychiatric condition and to support the long-term treatment plan.

There are also DID patients in our program who have been treated until integration without any hospitalization and who never had emergency admissions. Despite our experience with Halimé, in general we have concluded that patients who need inpatient psychiatric treatment may require a longer overall treatment duration.

During the inpatient treatment period, the general problems created by these patients originate mostly from self-mutilative behavior and suicide attempts. We found that flashbacks usually occurred during the evenings and near midnight. Sometimes the flashbacks of one patient trigger similar reactions among other dissociative patients on the unit. The isolation room of the unit is used in overcoming such difficult times. We experienced all these events in our work with Halimé.

Flashbacks can not be managed in a uniform manner because of the rotation of both the attending residents and the residents who are on call at night. Although this can be somewhat problematic, it also makes it possible to hospitalize several DID patients simultaneously, to detect possible DID cases in other parts of the clinic's facilities, and to incorporate the treatment of DID into the experience the whole clinic, including medical students, interns, and nurses. Although the daily problems originating from skeptic attitudes have never been lacking, it has been possible to absorb and transform this skepticism into valuable experience and insight, especially for the staff who work in the inpatient facility. The other teams in the clinic, who work mainly in ambulatory units, have remained relatively unaware of this important experience.

For a while, our DID patients behaved as a group and united against some nurses or residents. They reacted badly if they felt a resident on call had a negative attitude toward them. Many factors contributed to the origin of counter-transference reactions to the DID patients; this was expressed (at the least) in unempathic manners during staff contact with the DID patients. Also, conflicts originating from staff matters were projected onto the DID patients, and the dividedness in staff perceived by the patients was considered to be staff splitting by colleagues prone to see DID as a personality disorder of the borderline variety. Some of the residents believed that dissociative patients had been given special rights. It was difficult to teach the residents and at the same time not to put the patients in the position of special privileged patients. Some of the nurses believed the DID patients. Some of them disagreed with the diagnosis, and some of them treated the DID patients badly. There was even a time when a substitute attending resident, temporarily covering for the therapist who was responsible for the patient's case was skeptical about the disorder. However, the system as a whole continued to function in a constructive direction, sometimes with the help and determination of the patients. The simultaneous training of psychiatric residents in psychodynamic psychotherapy by the first author, who has also

been the person responsible for supervising the inpatient work, enabled sufficient harmony in the clinic to maintain therapeutic work. At the same time, this complex organization needed special attention to maintaining boundaries and coordination among all parts.

In Turkey, arranged marriage at an early age, being given an adult role in the family early in life, or being sent to another family during childhood have been frequently observed among women who live in rural areas (Sar, 1983). The oldest daughter seems to be the sibling most at risk for such treatment (Öztürk, 1976; Sar & Sar, 1991). Loss of one's father during adolescence and/or the existence of a neglectful and hostile mother are factors making such events more likely (Sar, 1983). However, the frequent existence of childhood sexual abuse among these individuals and its direct relationship to the development of dissociative psychopathology has been recognized in our country only after the rise of interest in dissociative identity disorder in 1990s (Sar, 1995; Sar, Yargic & Tutkun, 1996).

Currently Turkey is undergoing tremendous economic and cultural change. The family dynamics characteristic in rural areas that played such an important role in the life of Halimé, no longer prevail throughout most of Turkey, although extreme contrasts still can be observed between different regions. The establishment of modern telecommunication technology and the development of mass media, especially in the last decade, have strongly accelerated social change. The emergence of a strong feminist movement seems inevitable. Even some religious practices have begun to change (e.g., recently, it is acknowledged by religious authorities that women also can be present among men during the ritual burial ceremony ["cenaze namazi"] at the mosque).

A systematic prevalence study conducted by our team in our clinic demonstrated that, excluding previously diagnosed dissociative disorder patients, at least 5% of all inpatient admissions consisted of DID cases (Tutkun, Sar, Yargic, Özpulat, Yanik, & Kiziltan, 1998). This finding provides a powerful rationale for maintaining the challenging clinical area of study in a university department, pursuing research endeavors, and integrating the difficult area of practice into the mainstream of clinical psychiatry. It is both a challenge and a test for an institution to improve and maintain its quality at a level sufficient both to contain and to offer compassionate competent treatment to such sensitive, complex, and deeply-wounded patients. ■

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